

MONTHLY & WEEKLY



FAIR CAMPAIGN PRACTICES ACT
STATE OF ALABAMA

THIS AREA FOR OFFICIAL USE ONLY
FILED

AUG 07 2020

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

**SCOTT W. HASSELL
JUDGE OF PROBATE**

Type of Report (check one)

- Monthly
- Amended Monthly
- Weekly
- Amended Weekly

For Monthly Reports

Month for which the report is filed.

For Weekly Reports

Date of Friday in the week for which the report is filed.

Total Number of Pages in Report

[Empty box for Monthly Report Month]

8/7/2020

6

Please Print in Ink or Type.

Name of Candidate or Elected Official Jackie Randall Vice (Randy)		Political Party/Ballot Affiliation Non Partisan Ele	
Office Sought or Held (include district or circuit number, if applicable) City Council; Rainbow City, Place 2			
Address <input type="checkbox"/> Check box if reporting new address 309 Roseland Dr			
City Rainbow City	State AL	ZIP Code 35906	Telephone Number 2563284406

Summary of activity since last filed report

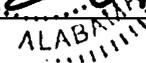
1	Beginning balance (ending balance from previous filing)		1	\$246.78
Cash Contributions				
2a	Itemized cash contributions (total from Form 2)	2a	\$0.00	
2b	Non-itemized cash contributions	2b	\$0.00	
2c	Total cash contributions (add lines 2a and 2b)	2c	\$0.00	
In-Kind Contributions				
3a	Itemized in-kind contributions (total from Form 3)	3a	\$0.00	
3b	Non-itemized in-kind contributions	3b	\$75.00	
3c	Total in-kind contributions (add lines 3a and 3b)	3c	\$75.00	
Receipts from Other Sources				
4a	Itemized Receipts from Other Sources (total from Form 4)	4a	\$0.00	
4b	Non-itemized Receipts from Other Sources	4b	\$0.00	
4c	Total receipts from other sources (add lines 4a and 4b)	4c	\$0.00	
Expenditures				
5a	Itemized expenditures (total from Form 5)	5a	\$124.00	
5b	Non-itemized expenditures	5b		
5c	Total expenditures (add lines 5a and 5b)	5c	\$124.00	
Expenditures on Line of Credit				
6a	Itemized expenditures (total from Form 6)	6a		
6b	Non-itemized expenditures	6b		
6c	Total expenditures on credit (add lines 6a and 6b)	6c	\$0.00	
7	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)	7	\$122.78	

As required by the Alabama Fair Campaign Practices Act, I hereby swear or affirm to the best of my knowledge and belief that the attached report(s) and the information contained herein are true and correct and that this information is a full and complete statement of all contributions, expenditures, and other required information during the applicable period of time.

Signature of Candidate or Elected Official: [Signature] Date: 8/7/20

Sworn to and subscribed before me this 7th day of August of the year 2020. My commission expires the 10th day of April of the year 2023.

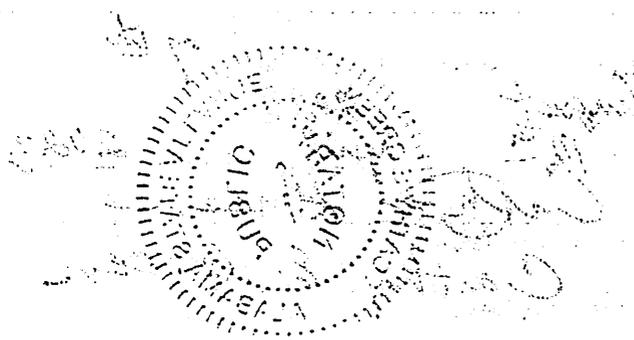
Signature of Notary Public: [Signature]
Print Notary's Name: Cathy E Green



FILED

AUG 8 1950

SCOTT W. HASSELL
JUDGE OF PROBATE



ALABAMA FAIR CAMPAIGN PRACTICES ACT - CAMPAIGN FINANCE REPORT FOR CANDIDATE/ELECTED OFFICIAL

FORM 4: Receipts from Other Sources loans, interest, and other sources of income



NAME OF CANDIDATE OR ELECTED OFFICIAL: Jackie Randall Vice (Randy)

When total contributions from a single source exceed \$100.00, the FCPA requires all contributions from that source to be itemized.
DO NOT LIST cash or in-kind contributions on this form. Use Forms 2 and 3 for those listings.

SOURCE OF RECEIPT (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	FORM OF RECEIPT			COMPLETE THIS BLOCK IF RECEIPT IS A LOAN GUARANTORS [FCPA REQUIRES FULL NAME AND COMPLETE ADDRESS OF INDIVIDUAL(S) ENDORSING OR GUARANTEEING LOAN]	RECEIPT SOURCE (CHECK ONE)					DATE RECEIVED (mo./day/yr.)	AMOUNT OF RECEIPT	
		Interest	Loan	Other		Lending Institution	PAC	Individual	Business	Other			
FORM REVISED 10.27.2011	TOTAL RECEIPTS THIS PAGE											50.00	

ALABAMA FAIR CAMPAIGN PRACTICES ACT - CAMPAIGN FINANCE REPORT FOR CANDIDATE & ELECTED OFFICIAL

FORM 6: Expenditures On Line of Credit by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL: Jackie Randall Vice (Randy)



When total expenditures to a single recipient exceed \$100.00, the FCPA requires all expenditures to that recipient be itemized.

PERSON/GROUP/BUSINESS RECEIVING EXPENDITURE (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	PURPOSE OF EXPENDITURE (CHECK ONE)										DATE OF EXPENDITURE (mo./day/yr.)	AMOUNT OF EXPENDITURE
		Administrative	Advertising	Consultants/ Polling	Contribution	Food	Fundraising	Lodging	Transportation	Interest	OTHER GIVE BRIEF EXPLANATION		
NO LINE OF CREDIT	NA												
											TOTAL EXPENDITURES THIS PAGE	\$ 0.00	